

Resource use (pharmacy claims, outpatient claims, emergency room admission and hospital admission) and corresponding costs over twelve months after index date were compared between groups. **RESULTS:** Each group included 362 patients. Patient characteristics at baseline, resource use, and health care costs before index date were comparable between the two groups. At twelve months after the index date, patients with no pharmacological treatment had higher resource utilization in every category but medication. Total costs over 12 months were \$14,983 and \$15,692 in groups with and without pharmacological treatment, respectively ( $p = 0.67$ ). Patients with pharmacological treatment had a higher pharmacy cost, but this was offset by the higher cost of outpatient visits in patients with no pharmacological treatment. These visits were mostly related to mental disorders, nervous system, skin and musculoskeletal disorders and injuries and poisonings. **CONCLUSIONS:** While the treatment of opioid dependence with buprenorphine/naloxone is associated with higher medication acquisition cost, it is outweighed by cost savings in other categories, especially outpatient care. Patients without pharmacological treatment use more health care resources and have higher total costs.

#### PMH59

##### DRUG UTILIZATION STUDY OF ANTIPSYCHOTICS USED FOR THE HOSPITAL TREATMENT OF SCHIZOPHRENIA IN RUSSIA

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**OBJECTIVES:** The goal was to examine utilization of typical (TA), atypical antipsychotic (AA) and depot antipsychotic (DA), used for treatment of patients with schizophrenia in Russian hospital during 1 year. **METHODS:** A retrospective study, carried out in Moscow hospital from January 2012 to December 2012. Patient data on demography (age, sex), medicines used (dose, duration of treatment), length of hospital stay and clinical outcome were recorded and analyzed. Drug consumption was calculated using defined daily dose (DDD) methodology. **RESULTS:** Total 227 patients were included in the study. Among study population 121 (53.3%) patients were male and mean age was 33.2 (male) and 45.5 (female). Out of 227 patients 219 (96.5%) were improved and 1 (0.4%) person were recovery. Mean length of hospitalization was 75.3 days. Total 27 antipsychotic were used for the treatment schizophrenia among these patients. Among used antipsychotic consumption (DDD/100 bed days) was highest for AA clozapine oral (194.25) followed by TA haloperidol oral (52.39), DA fluphenazine parenteral depot (20.04) and DA haloperidol parenteral depot (19.59). However the cost of treatment for AA clozapine was higher, than for TA haloperidol. The total consumption (DDD/100 bed days) in the antipsychotics group was: 224.3 for AA, 73.38 for TA and 39.91 for DA. **CONCLUSIONS:** This study provides estimate of consumptions different antipsychotics used for the hospital treatment of schizophrenia. Atypical antipsychotic clozapine oral is highest consumed among 27 antipsychotics. Total drug utilization for AA was three times higher than for TA and five times higher than DA, however the costs of treatment for AA was substantially higher than for TA.

#### PMH60

##### DRUG UTILIZATION PATTERN OF LISDEXAMFETAMINE DIMESYLATE IN GERMANY

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**OBJECTIVES:** - The objective of the study was to provide utilization data in Germany for the ADHD stimulant medication lisdexamfetamine dimesylate (LDX) in the first six months following its launch in June 2013. **METHODS:** - This drug utilization study (DUS) analysed a longitudinal electronic medical record database (IMS Disease Analyzer - Germany), and was part of a larger DUS providing data for 8 European countries for up to 5 years. The study included records of all patients who had been prescribed LDX from June 2013 to December 2013 in the paediatrician panel (PP) or neurologist/psychiatrist panel (NPP) of the German database. **RESULTS:** - The analysis included 123 patients (348 prescriptions) from the PP and 296 patients (710 prescriptions) from the NPP. In both panels, 91% of patients had a documented diagnosis of ADHD. When initiated on LDX treatment, most patients (PP, 98%; NPP, 91%) were between 6 and 18 years of age; up to 1% of patients in both panels were below 6 years of age and 2% and 8% of patients in the PP and NPP, respectively, were above 18 years of age. The majority of patients in both panels were male (PP, 77%; NPP, 79%). The average prescribed daily dose of LDX was within the recommended range (30–70 mg) for all patients in the NPP and for 98.4% in the PP, with a mean daily dose across patients of 42 mg in both panels. **CONCLUSIONS:** - The findings of this analysis of electronic medical records indicate that, during the first six months after launch, LDX was mainly prescribed in Germany within the EMA-approved Summary of Product Characteristics (SmPC) with regard to the indicated patients, age group and dose regimen.

#### PMH61

##### UTILIZATION PATTERNS OF ANTIPSYCHOTICS USAGE IN TERTIARY CARE HOSPITAL PATIENTS WITH SCHIZOPHRENIA

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**OBJECTIVES:** The main objective of the study was to find the utilization pattern of antipsychotics in schizophrenia patients in a tertiary care teaching hospital South India. **METHODS:** A retrospective study has been carried on schizophrenic patients admitted in a tertiary care teaching hospital for a period of one year. The diagnosis of schizophrenia was based on ICD-10 (Tenth revision) criteria. Patients of both sexes who diagnosed with schizophrenia were included in the study. Other mental illness or drug induced psychosis patients were excluded from the study. All demographical and clinical characteristic including treatment pattern were collected and entered. Data were analyzed in SPSS 20.0. **RESULTS:** Out of 230 patients, 144 (63%) were males and the majority of patients were 65 (28%) in the

age group of 21–30 years. In study population 141 (61.3%) were married and majority of Housewives 57 (24.8%) followed by Govt. service 28 (12.2%). Amongst study population 136 (59.1%) patients received the second generation antipsychotics and 8 (3.5%) patients received first generation antipsychotics Risperidone was the most commonly prescribed antipsychotic given to 36.5% of the patients followed by clozapine 26.5% and olanzapine. Monotherapy was received by 22.2%. 106 (46.08%) patients and 89 (38.69%) received dual drug regimen. **CONCLUSIONS:** The utilization pattern of antipsychotics, revealed that atypical antipsychotics were prescribed more commonly when compare to typical antipsychotics. Among the atypical antipsychotics, Risperidone was commonly used during Schizophrenia as compared to other atypical antipsychotic drugs.

#### PMH62

##### COMPARISON OF RESOURCE USE AND HEALTH CARE COSTS IN NEW INITIATORS OF LONG-ACTING INJECTABLE (LAI) AND ORAL SECOND GENERATION ANTIPSYCHOTICS

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**OBJECTIVES:** To measure health care utilization and costs among new initiators of LAI and oral second generation antipsychotics with schizophrenia or bipolar disorder. **METHODS:** A large database of a commercially insured US population was used to index patients on their first treatment between 1/1/2011 and 12/31/2011. Patients were required to have  $\geq 12$  months pre-index and  $\geq 12$  months post-index, were new users of a second generation antipsychotic, and diagnosed with schizophrenia or bipolar disorder during their pre-index period. LAI and oral patients were matched 1:3 using propensity scores. Mean differences in annual resource use and costs were compared across groups in an unadjusted difference-in-difference analysis: [LAI post - LAI pre] - (Oral post - Oral pre). **RESULTS:** Initial selection identified 250 LAI and 8,356 oral treatment patients. Matching resulted in balanced cohorts of 204 LAI and 612 oral initiators. Annual hospitalizations and ER visits from pre-index to post-index was significantly lower in LAI initiators compared to oral initiators. Mean annual hospitalizations per LAI patient reduced from 1.09 to 0.51 ( $p < 0.0001$ ) while that of the oral cohort reduced from 0.53 to 0.39 ( $p = 0.0011$ ). This resulted in a net reduction of 0.45 annual hospitalizations per patient in the LAI cohort, using the oral cohort as a reference ( $p < 0.0001$ ). Mean annual ER visits reduced from 1.72 to 1.03 per LAI patient compared to no change in the oral cohort, resulting in a net difference of 0.72 ER visits between the two groups ( $p < 0.0001$ ). The unadjusted difference-in-difference analysis showed a relative reduction in total health care costs of \$4,997 in the LAI cohort compared to the oral cohort. **CONCLUSIONS:** Initiating treatment with an LAI resulted in greater reductions in hospitalizations and ER visits compared to oral second generation antipsychotic medications in patients with schizophrenia or bipolar disease.

#### PMH63

##### ANTIDEPRESSANT USE AND SUICIDE RATE IN ENGLAND: THE GEOGRAPHIC DIVIDE

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**OBJECTIVES:** Mental illness is widespread, with 1 in 3 people worldwide reporting symptoms indicative of a psychiatric disorder at some point in their lives. The use of antidepressants has risen globally and within Europe has been reported to be correlated with a reduced suicide rate. The aim of this research is to analyse the use of antidepressants in England and identify any trends. **METHODS:** Antidepressant prescribing data for National Health Service (NHS) England from 2003–2012 and from all Primary Care Trusts (2010/11–2012/13) and Clinical Commissioning Groups (2013/14) were obtained from the Health & Social Care Information Centre. Data were collated for the four NHS regional area teams (North, Midlands & East, London, and South) and analysed against population size and suicide rates. **RESULTS:** Antidepressant use in England has increased dramatically in recent years and coincides with a year-on-year drop in ingredient costs, with 27.7 million prescriptions in 2003 and a net ingredient cost of £395.2 million, to 50.2 million prescriptions in 2012 and a net ingredient cost of £211.1 million. From 2010 to 2014, almost £1 billion has been spent on antidepressants by NHS England, of which almost a third is accounted for by the North region. Over 4 years, the average number of prescriptions per 1,000 population was 1,140.7, 987.4, 888.2 and 540.5 in the North, Midlands & East, South and London, respectively. These figures were correlated with a suicide rate of 9.87 and 7.05 per 100,000 people in the North and London, respectively. **CONCLUSIONS:** There is a clear divide within regions of England regarding antidepressant use and suicide rate, and the correlation between these two measures was found to be opposite to that reported for Europe generally. These findings highlight the importance of understanding mental illness and the underlying reasons for the wide disparity in England.

#### PMH64

##### ANALYSIS OF PRESCRIBING PATTERNS OF ATYPICAL ANTIPSYCHOTICS IN LHU CASERTA

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**OBJECTIVES:** The Local Health Unit Caserta has made web-platform (SANIARP) available to specialists and pharmacists to enter the diagnostic and therapeutic information of the patient with each prescription. The advantage provided by this platform is to make available the information on the analysis of the profiles of prescriptive drugs in a large population sample. The aim of study was to evaluate prescribing patterns of atypical antipsychotics in LHU Caserta for the years 2011–2013. **METHODS:** This retrospective cohort study was carried out from the data of pharmaceutical prescriptions and of plans therapeutic in Saniarp in the LHU Caserta in the 2011–2013. Information about users of atypical antipsychotics were analyzed. Information about the diagnosis and treatment plans were obtained through the